

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE	
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN			IN <input checked="" type="checkbox"/> CITY			LEBANON		DATE OF CRASH: 21 D 7 15 SAT TIME: MILITARY 1714
CRASH OCCURRED ON 1425 Columbus Ave. (Kroger Lot)					WITHIN THE INTERSECTION OF			
IF NOT IN INTERSECTION			(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE	
LOG-1			LOG-2			LOC JUR FH9 FILT		
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT	Allstate
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
Sones, Constance					479 Georgetown Dr. Apt B Lebanon, OH 45036			
PHONE NO. (513) 228-1540		BIRTH DATE 4/20/48	AGE 48	SEX F	SOCIAL SECURITY NO. -		STATE OH	DRIVER'S LICENSE NO. T2063863
OWNER (IF SAME AS DRIVER, WRITE SAME)					ADDRESS			
Sones, Douglas					Sones			
VEH YR 08	MAKE MERC	MODEL Milan	COLOR Dark Blue	STYLE 4H	STATE OH	LICENSE PLATE NO. F521427	TOWING SERVICE N/A	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
8	UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
PHONE NO.					BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.
OWNER (IF SAME AS DRIVER, WRITE SAME)					ADDRESS			
Unknown					Unknown			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION		INJURIES	
ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION		INJURIES	
ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION		INJURIES	
ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION		INJURIES	
ADDRESS		PHONE	SEX	A B C D E F		A B C D E F		
INJURED TAKEN TO By					INJURED TAKEN TO By		INJURED TAKEN TO By	
OFFENSE CHARGED AND DESCRIPTION					OFFENSE CHARGED AND DESCRIPTION		OFFENSE CHARGED AND DESCRIPTION	
A					A		A	
O					O		O	
RECEIVED CALL 1714					DISPATCHED 1715		ARRIVED 1715	
CLEARED 1743					OTHER TIME 0		TOTAL MINUTES 33	
DATE REPORT FILED					PHOTOS		OFFICER'S NAME	
M D Y					YES NO		S. Haller	
BADGE NO. 123					CHECKED BY		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE	
1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED					EJECTION		DRUGS	
A B C D E F					A B C D E F		A B C D E F	
1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE					1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG	

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO.